Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	05-1 <u>6-2008</u>	Address:	402 W_Midway
Case #:	14F3789 <u>4</u>		Colfax,In. 46035
	Clinton		
County:	<u>Cinnon</u>		
Type of Laboratory Scizure (check one)		Seizure Location (check all that apply)	
	ional Lab cal/Glasswarc/Equipment (only) ite (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other: ———
(check all t	ind: Location (bedroom, kitchen, open that apply) n/Ammonia Reaction(s): <u>Garage</u>	n air. etc)	
Red Phosphorous/Iodine Reaction(s):			
∑ Flammable Solvents: <u>Garage</u>			
Water Reactive Metal (Lithium): <u>Garage</u>			
Anhydrous Ammonia: Garage			
Corro	sive Acid: Garage		
	sive Base:		
[] Other	(item and location):		
Yes No *If yes, fax	der age 18 discovered (check one) (number present) report to Child Protective Services	☐ Fphedr ☐ Retail/l ☑ Other:]	
This report is to be faxed to the following agencies that serve the location:			
Fire Department: Perry		Fax: <u>not</u> Fax: <u>765</u>	<u>ne</u> 5- <u>659</u> -63 <u>8</u> 7
	Department: Clinton County	Fax: <u>765</u>	5-65 <u>9-</u> 664 <u>9</u>
	otection Service: Clinton County		
For furth Investiga	ner information regarding this metha ating Officer: <u>Holeman</u>	Phone <u>703-307-215</u>	contact Costa protective Services Department

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

*** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.